## INCIDENT REPORT

Supervisor and injured employee to complete within 24 hours of incident/injury. Please print clearly and fax completed form to: 1-866-286-5258

Address:  City: State: Zip code: Phone #! ( )  Incident Investigation Conducted: Pres a.m.   p.m.   Left work: Returned: Lost time: Yes   No    Date supervisor notified: Date report completed:  Supervisor's name: Supervisor's name: Was there a: safety violation   machine malfunction   motor vehicle accident    Supervisor's comments:  Was there a: safety violation   machine malfunction   motor vehicle accident    Supervisor's comments:  What actions have been taken to prevent recurrence?:  Cause   Mark Areas OF Injury    Struck by equipment   Left   Object in eye (Right   Left   )  Reading uncture    Caught (in, on or between)    Reading promoting    Pencture wound   Regelitive/overuse    Concursion   Regelitive/overuse    Concursion   Regelitive/overuse    Chemical burn/rash/breathing difficulties    Chemical burn/rash/	Company Name:	Dept. / Div.			Employee Non-Employee		
City: State: Zip code: Phone #! { } } Incident Date: Time: a.m.   pm.   Left work: Returned: Lost time: Yes   No   Explanation for Injury/Incident:  Date supervisor notified: Date report completed:  Supervisor's name:  Names / Phone #! of Witnesses:  Was there a: safety working working machine malfunction   motor vehicle accident   Supervisor's comments:  What actions have been taken to prevent recurrence?:  Cause   Sip and fall   Struck by equipment   Lifting or moving   Caught (in, on or between)   Redelie puncture   R	Last name:	First name:	Middle initial:				
Incident Date:	Address:						
Explanation for Injury/Incident:    Incident investigation conducted;   Yes	City:	State:	Zip code:	Phone #: (	)		
Incident investigation conducted:   Yes	The land of the first training /In all and	1		-	Lost time: Yes 🗌 No 🗌		
Date supervisor notified:							
Names / Phone #'s of Witnesses:  Was there a: safety violation   machine malfunction   motor vehicle accident    Supervisor's comments:  What actions have been taken to prevent recurrence?:  Cause   Slip and fall   Front   Back     Struck by equipment     Lifting or moving     Caught (in, on or between)     Repetitive/overuse     Other:     Other:     Other:     Chemical burn/rash/oreathing difficulties     Other:     No apparent injury     Strape/funite     Conclussion     Bite     Chemical burn/rash/oreathing difficulties     Other:     No apparent injury     Strape/funite     Strape/funite     Other:     No apparent injury     Date:     Date:			mpleted:				
Was there a: safety violation   machine malfunction   motor vehicle accident    Supervisor's comments:  What actions have been taken to prevent recurrence?:  What actions have been taken to prevent recurrence?:  Cause   MARK AREAS OF INJURY BELOW:	Supervisor's name:						
Supervisor's comments:  What actions have been taken to prevent recurrence?:  Cause   Slip and fall   Front   Back     Struck by equipment   Lifting or moving     Caught (in, on or between)   Needle puncture     Object in eye (Right   Left   )     Repetitive/overuse     Other:   Sprain/strain     Puncture wound   Left   Left   Right     Charlical burn/rash/breathing difficulties     Other:   No apparent injury     Employee referred to:   Clinic   Hospital ER   Refused to see MD     Dr./Clinic   Phone number:     Supervisor's signature:   Date:	Names / Phone #'s of Witnesses:				·		
Cause   Slip and fall   Front   Back     Struck by equipment   Lifting or moving     Caught (in, on or between)   Redelle puncture     Object in eye (Right   Left   )     Repetitive/overuse   Other:   Right     Puncture wound   Cut/laceration     Concussion   Bite   Right     Chemical burn/rash/breathing difficulties     Other:   No apparent injury     Employee referred to:   Clinic   Hospital ER   Refused to see MD     Dr/Clinic   Phone number:     Supervisor's signature:   Date:	Was there a: safety violation ☐ machine Supervisor's comments:	malfunction 🗆	motor vehicle accident	: []			
Slip and fall   Struck by equipment   Lifting or moving   Caught (in, on or between)   Needle puncture   Object in eye (Right   Left   D)   Repetitive/overuse   Other:   Type of injury   Scrape/bruise   Sprain/strain   Puncture wound   Cut/laceration   Concussion   Bite   Chemical burn/rash/breathing difficulties   Other:   No apparent injury   Concussion   Bite   Chemical burn/rash/breathing difficulties   Other:   No apparent injury   Refused to see MD   Dr./Clinic   Phone number:   Supervisor's signature:   Date:	What actions have been taken to prevent recurren	ce?:					
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Struck by equipment  Lifting or moving  Caught (in, on or between)  Needle puncture  Object in eye (Right   Left  )  Repetitive/overuse  Other:  Type of injury  Scrape/bruise  Sprain/strain  Puncture wound  Cut/laceration  Concussion  Bite  Chemical burn/rash/breathing difficulties  Other:  No apparent injury  Employee referred to:  Clinic   Hospital ER   Refused to see MD    Dr./Clinic   Phone number:  Supervisor's signature:  Date:				EAS UT INJUR			
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Needle puncture   Object in eye (Right   Left   )   Repetitive/overuse   Other:		ľ	\	}	\		
□ Object in eye (Right □ Left □) □ Repetitive/overuse □ Other: □ Type of injury □ Scrape/bruise □ Sprain/strain □ Puncture wound □ Cut/laceration □ Concussion □ Bite □ Chemical burn/rash/breathing difficulties □ Other: □ No apparent injury □ Supervisor's signature: □ Date:				}			
Repetitive/overuse Other:  Type of injury Scrape/bruise Sprain/strain Puncture wound Cut/laceration Concussion Bite Chemical burn/rash/breathing difficulties Other: No apparent injury  Employee referred to: Clinic Hospital ER Phone number: Supervisor's signature: Date:	☐ Object in eye (Right ☐ Left ☐)		$A \mid X \mid$		$\mathcal{H} \coprod \mathcal{O}$		
Other:  Type of injury Scrape/bruise Sprain/strain Puncture wound Cut/laceration Concussion Bite Chemical burn/rash/breathing difficulties Other: No apparent injury  Employee referred to: Clinic  Hospital ER  Phone number:  Supervisor's signature:  Date:	☐ Repetitive/overuse		IFILM	Ì	1141		
□ Scrape/bruise □ Sprain/strain □ Puncture wound □ Cut/laceration □ Concussion □ Bite □ Chemical burn/rash/breathing difficulties □ Other: □ No apparent injury  Employee referred to: Clinic □ Hospital ER □ Refused to see MD □  Dr/Clinic  Supervisor's signature: Date:	☐ Other:		MATTH	1	MILM		
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□ Sprain/strain □ Puncture wound □ Cut/laceration □ Concussion □ Bite □ Chemical burn/rash/breathing difficulties □ Other: □ No apparent injury  Employee referred to: Clinic □ Hospital ER □ Refused to see MD □  Dr./Clinic  Phone number:  Supervisor's signature:  Date:	Type of injury		MIFWI		V V V V V V V V V V V V V V V V V V V		
Princture wound Cut/laceration Concussion Bite Chemical burn/rash/breathing difficulties Other: No apparent injury  Employee referred to: Clinic Hospital ER Princture wound Right Left Left Right Right  Phone number:  Date:	☐ Scrape/bruise		$A \cap A \cap A$	P 944			
☐ Cut/laceration ☐ Concussion ☐ Bite ☐ Chemical burn/rash/breathing difficulties ☐ Other: ☐ No apparent injury  Employee referred to: Clinic ☐ Hospital ER ☐ Refused to see MD ☐  Dr./Clinic Phone number:  Supervisor's signature: Date:	Sprain/strain	Ì	w / X/ / '	MM SARA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
☐ Cut/laceration ☐ Concussion ☐ Bite ☐ Chemical burn/rash/breathing difficulties ☐ Other: ☐ No apparent injury  Employee referred to: Clinic ☐ Hospital ER ☐ Refused to see MD ☐  Dr./Clinic Phone number:  Supervisor's signature: Date:	💭 Puncture wound		Right \	Left Left	Right		
☐ Bite ☐ Chemical burn/rash/breathing difficulties ☐ Other: ☐ No apparent injury  Employee referred to: Clinic ☐ Hospital ER ☐ Refused to see MD ☐  Dr./Clinic Phone number:  Supervisor's signature: Date:	☐ Cut/laceration	1	MI	i	1_/\_		
☐ Chemical burn/rash/breathing difficulties ☐ Other: ☐ No apparent injury  Employee referred to: Clinic ☐ Hospital ER ☐ Refused to see MD ☐  Dr./Clinic Phone number:  Supervisor's signature: Date:	□ Concussion		IIM		mri		
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Employee referred to: Clinic  Hospital ER  Refused to see MD  Phone number:  Date:	□ Other:	' ]	MM	ļ	71 H		
Dr./Clinic Phone number: Supervisor's signature: Date:	□ No apparent injury	]		I			
Dr./Clinic Phone number: Supervisor's signature: Date:							
Supervisor's signature: Date:	Employee referred to: Clinic 🗆	Hospital Ei	R 🗆	Refused to	see MD 🗆		
	Dr./Clinic			Phone num	ber:		
Employee's signature: Date:	Supervisor's signature:			Date:			
	Employee's signature:	<del></del>		Date:			

INCIDENT LOCAT	ION:			1	<del></del>		
POLICE CALLED	Yes	No Po	olice Traffic Accid	dent Report ICR #:			
City Vehicle,	Descrip	otion:					
Property, or Equipment Involved	Vehicle	#, Make, Mo	del, Year:				
IIIVOIVeu	Describe Damage:						
Non-City Vehicle, Property, or					_ Driver Passenger Other		
Equipment	Vehicle	License #: _	(	Color: I	Make/Model:Year:		
Weather Cond	itions:	Roadway (	Conditions:	Light Conditions:	Approx. Temp:		
Clear Win	nd	Dry	Mud	┌ Night	Estimated Speed:mph		
Rain Clo	udy	Wet	Paved	Day	Vehicle: Loaded Empty		
Fog Sle	et	Snow	Unpaved	Good	What was load:		
Snow		Ice		Poor	Drug and/or Alcohol Test?  Yes No Not applicable		

**Sketch Below How Vehicle Accident Occurred** (Give street names, direction of travel, locations of vehicles, objects and traffic control devices) ↑ North